UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 8
1595 Wynkoop Street
Denver, CO 80202-1129
Phone 800-227-8917
www.epa.gov/region8-waterops

January 19, 2023

Ref: 8WD-SDA

SENT VIA EMAIL
DIGITAL READ RECEIPT REQUESTED

Cody Dill, Public Works Director
City of Rawlins Water Supply
P.O. Box 953 (915 3rd Street)
Rawlins, Wyoming 82301
dcody@rawlinswy.gov

Re: **2020 Sanitary Survey Report**
PWS ID#: **WY5600045 C**

Dear Cody Dill,

Enclosed is a report prepared for the U. S. Environmental Protection Agency (EPA) following a sanitary survey of the City of Rawlins Water Supply water system on October 7, 2020. Please note each significant deficiency listed at the beginning of the report. To avoid receiving a violation, you must correct **each identified significant deficiency and submit documentation of the corrective action to the EPA within 6 months** from receipt of this letter and sanitary survey report.

If you will be unable to meet this standard corrective action timeframe, you must contact the EPA with a written justification and proposed completion schedule as soon as possible. Each significant deficiency for this water system is listed below:

SIGNIFICANT DEFICIENCIES

Significant deficiencies for drinking water systems are defined as defects in the design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system that the EPA determines to be causing, or to have the potential for causing, the introduction of contamination into the water delivered to consumers.

1) **Gravity Tank ID: ST01 - Tank Farm (Swanson Ranch) Storage Tank #1 (East)**
Air vent on finished water storage tank is not elevated above the roof at the required height*. (see photo #41)

   For non-downturned vents, the bottom of the vent screen must be at least 8” above the tank roof to prevent inhalation of contaminants by the tank.

2) **Gravity Tank ID: ST05 - Tank Farm (Swanson Ranch) Storage Tank #2 (West)**
Air vent on finished water storage tank is not elevated above the roof at the required height*. (see photo #38)

   For non-downturned vents, the bottom of the vent screen must be at least 8” above the tank roof to prevent inhalation of contaminants by the tank.

3) **Gravity Tank ID: ST06 - Clearwell**
Storage tank not cleaned and inspected within the last 10 years.

The tank must be cleaned and inspected. Please see the enclosed Finished Water Storage Tank Inspection/Cleaning Checklist for a list of items that must be evaluated during the inspection. Tanks need to be periodically cleaned and inspected to prevent the growth of potentially harmful pathogens in the accumulated sediments and to address construction issues before they require major repairs. Inspections and cleaning may be done by a third-party professional or appropriately trained in-house staff. Please be aware that some tanks may be considered as confined spaces or hazardous environments; personnel working in or near the tanks should have all OSHA-required training, and proper safety equipment and procedures should be used at all times. After inspection and cleaning the tank must be disinfected according to AWWA standards (C652-92: Disinfection of Water Storage Facilities).

In order to correct this significant deficiency, you must provide EPA with the following documentation:

- A completed copy of the Finished Water Storage Tank Inspection/Cleaning Checklist.
- A copy of inspection results and labeled photographs.
- The date that any corrective actions needed to address deficiencies with the tank components will be completed. EPA will review the inspection report and may require additional corrective actions.

Within 6 months from receipt of this letter, you must do the following:

- Prior to making physical modifications to your water system, a permit issued by the Wyoming Department of Environmental Quality (WY DEQ) may be required. Contact the respective WY DEQ District Engineer for your area to determine if a permit is needed before making corrections for significant deficiencies followed by an asterisk (*). The email and phone number for the DEQ District Engineer may be found on Page 2 of your Sanitary Survey Report.
- Correct *each* significant deficiency.
- Provide a completed Significant Deficiency Correction Notice listing *each* individual deficiency and the date of correction. If a WY DEQ permit was required to make any of the significant deficiency corrections, please include the permit number on your completed Correction Notice form.
- Provide labeled photos of *each* correction.
- **If you will be unable to meet the 6-month standard corrective action timeframe, you must contact the EPA as soon as possible with a written justification and proposed completion schedule to receive a time extension. Your time extension request must include:**
    - Your public water system name and number;
    - Description of why you will be unable to meet the 6-month timeframe;
    - Description of the corrective action(s) to be taken to address each significant deficiency;
    - A schedule including specific proposed dates for completing each corrective action, which may include short-term interim steps and long-term completion dates.

The Significant Deficiency Correction Notice is enclosed and can also be found at the following website: http://www.epa.gov/region8-waterops/reporting-forms-and-instructions-reporting-forms and by selecting the Sanitary Survey link. To avoid receiving a violation, please provide this documentation to:

Mr. Matthew Langenfeld, Groundwater Rule Manager
EPA Region 8, 8WD-SDA
1595 Wynkoop Street
Denver, CO 80202
Email: langenfeld.matthew@epa.gov
Phone: 303-312-6284

If you have any questions regarding a significant deficiency or your corrective action plan, contact Matthew Langenfeld. If you propose a different corrective action timeframe, Matthew will provide you with a confirmation email or letter.

The sanitary surveyor also identified at least one recommendation to improve the operation of the water system and to protect public health. While not required, the EPA recommends that all such items be corrected. Please see the enclosed Sanitary Survey report for any recommendations.

Please contact us if your system has a change in the treatment process; you add or remove a water source; there is a change in the number of people served or the number of water connections; or different contact information becomes available for your water system. This allows us to keep you up to date on monitoring requirements and keeps our inventory current. Failure to notify EPA about water source or treatment changes may result in a violation. To access the EPA's change form, use the following link and send us the completed form or give us a call:

http://www.epa.gov/region8-waterops/wyoming-public-water-system-change-form

Thank you for your cooperation during the sanitary survey. If you have any questions regarding the sanitary survey, please call Lucien Gassie at 303-312-6620. If you have questions on specific regulations, please refer to the brochure enclosed with this letter, which contains the names and phone numbers for the EPA drinking water staff.

Sincerely,

SARAH BAHRMAN

Digitally signed by SARAH BAHRMAN
Date: 2023.01.19 17:47:10 -07'00'

Sarah Bahrman
Manager, Safe Drinking Water Branch
Water Division

Enclosures

cc:
Melvin Bud Dimick, Superintendent
City of Rawlins
mdimick@rawlinswy.gov

Thomas Sarvey, Interim City Manager
Rawlins, Town Of
tsarvey@rawlinswy.gov

2020 EPA Region 8 WY SANITARY SURVEY FORM
INVENTORY

DATE OF SURVEY: 10/7/2020	**COUNTY:** Carbon	**SURVEYOR NAME:** Lee Michalsky and Jason Michalsky
PWS ID: WY5600045	**SYSTEM NAME:** City of Rawlins - Water Supply	

System representatives (including titles) present at survey: Danny Rodriguez, Plant Superintendent; Bud Dimick, Operator; Stevie Osborn, Operator

Others present: _____

Comments: _____

EMERGENCY CONTACT

Emergency Contact Name: Danny Rodriguez
Emergency cell phone: (307) 320-6996
Emergency email address: waterplant@rawlins-wyoming.com
Title: Superintendent Treatment Plant, Public Works Division
Street: 401 S. Highway 71
City: Rawlins State: WY County: Carbon Zip: 82301

SYSTEM OWNER OR MUNICIPAL LEGAL REPRESENTATIVE

Addressee Name: Shawn Metcalf
Title: City Manager
Company (if Corporation, name of Corporation): City of Rawlins
Street: P.O. Box 953
City: Rawlins State: WY Zip: 82301
Owner Phone: (307) 328-4500 Fax: (_____) _____
Email Address: smetcalf@rawlins-wyoming.com

PRIMARY ADMINISTRATIVE CONTACT
(to receive ALL correspondence from EPA)

Addressee: Cody Dill
Title: Public Works Director
Street: P.O. Box 953
City: Rawlins State: WY County: Carbon Zip: 82301
Administrative Contact Phone: (307) 328-4500 Fax: (_____) _____
Email Address: cdill@rawlins-wyoming.com

ADDITIONAL CONTACT
(if any)

Addressee: _____
Title: _____
Street: _____
City: _____ State: _____ County: _____ Zip: _____
Contact Phone: (___) _____ Fax: (___) _____
Email Address: _____

PUBLIC WORKS DIRECTOR,
CITY ENGINEER and/or WATER PLANT SUPERINTENDENT

Addressee: Cody Dill
Title: Public Works Director
Street: P.O. Box 953
City: Rawlins State: WY County: Carbon Zip: 82301
Contact Phone: (307) 328-4500 Fax: (_____) _____
Email Address: cdill@rawlins-wyoming.com

DESIGNATED OPERATOR OF SYSTEM

Name: Melvin (Bud) Dimick
Certified Operator? @ ☒ Yes ☐ No ☐ TNC System (not required)
Treatment Cert. Level: 3 Distribution Cert. Level: 2
Treatment Cert. Exp. Date: 2023 Distribution Cert. Exp. Date: 2022
Cert. Authority: WYDEQ Cert. Authority: WYDEQ
Phone: (307) 321-3645
Email Address: mdimick@rawlins-wyoming.com
Contract Operator*? ☐ Yes ☒ No
Date contract ends: _____
Comments: _____
Go to: http://deq.wyoming.gov/wqd/operator-certification/
Click on: Check Facility Records then **Click on:** Check Operator Records

ALTERNATE OPERATOR

Name: Stevie Osborn
Certified Operator? ☒ Yes ☐ No ☐ Not required
Treatment Cert. Level: 3 Distribution Cert. Level: 1
Treatment Cert. Exp. Date: 2023 Distribution Cert. Exp. Date: 2022
Cert. Authority: WYDEQ Cert. Authority: WYDEQ
Phone: (307) 328-4500
Email Address: NI
Comments: _____
Go to: http://deq.wyoming.gov/wqd/operator-certification/
Click on: Check Facility Records **then Click on:** Check Operator Records

WATER SYSTEM CLASSIFICATION
for operator certification

System Treatment Classification Level: 3
System Distribution Classification Level: 1
Comments: _____
Go to: http://deq.wyoming.gov/wqd/operator-certification/
Click on: Check Facility Records

WATER SYSTEM CLASSIFICATION
from PWS Inventory

☒ C = Community
☐ NTNC = Non-Transient Non-Community
☐ NC = Transient Non-Community
Comments: _____

SYSTEM PHYSICAL ADDRESS

Street: 401 South Highway, WY-71
City: Rawlins State: WY Zip: 82301

PHYSICAL LOCATION

Physical Location and Directions: The water plant is located south of I-80 in Rawlins, WY. Take exit 214, turn north, then west on WY-71. Proceed west on WY-71; as road travels under I-80, the road's name changes to Sage Creek Road - still WY-71. Proceed 2.5 miles after passing under I-80. Plant is on left side of WY-71

DEQ DISTRICT ENGINEER

Dennis Lewis, **District Engineer**

Phone: (307) 777-7088

Email: dennis.lewis@wyo.gov

COUNTY AND/OR CHS SANITARIAN

Mykel Murry**, CHS Specialist**

Phone: (307) 324-3220

Email: mykel.murry@wyo.gov

PERIOD OF OPERATION

☒ Year-round

☐ Part of the year: From _____ to _____

If only open part of the year, does the entire distribution system remain pressurized during the entire off period? ☐ Yes ☐ No

SERVICE CONNECTIONS

Total Service Connections (Active and Inactive): 4054

Service Connections Metered? ☒ Yes ☐ No _____

Number of metered service connections: 4054

Comments: _____

OWNER TYPE

☐ 1 Federal Government

☐ 2 Private: Subdivision, Investor, Trust, Cooperative, Water Association, etc.

Is this PWS operating with a lease on Federal land? ☐ Yes ☐ No

If Yes, enter name of the Federal land here: _____

☐ 3 State Government

☒ 4 Local Government Authority: Commission, District, Municipality, City, etc.

☐ 5 Mixed Public/Private

☐ 6 Native American Indian Tribes & Reservations _____

☐ 7 Other _____

Comments: _____

POPULATION DIRECTLY SERVED
(do not include populations of consecutive PWSs)
(do not double count populations)

Residential Population (year-round residents): 9,006 (people)

Non-Residential Non-Transient Population: _____ (people)
(6-12 months/year, e.g. students, employees)

Transient Population (less than 6 months/year): _____ (people per day)
(Average daily number during peak 60 days of operation)
(e.g. customers, visitors)

Does the water system serve at least 25 individuals daily at least 60 days of the year (does not need to be consecutive days)? ☒ Yes ☐ No

Comments (source(s) of population info): Danny Rodriquez

SERVICE CATEGORY (check all that apply)

☒ AP Airport
☒ BA Bathing/Swimming
☒ BR Bar
☒ CG Campground
☒ CH Church
☒ DC Daycare Center
☐ DR Dude Ranch
☒ HS Hospital
☐ IB Interstate Bottler
☒ IF Industrial/Agricultural
☒ IN Institution
☐ LB Local Bottler
☐ LO Lodge
☐ MA Marina
☒ MH Mobile Home Park
☒ MO Motel/Hotel
☒ PC Picnic Area
☐ RA Rest Area
☒ RC Recreation
☒ RS Residential
☒ RT Restaurant
☒ RV RV Park
☒ SC School
☐ SD Subdivision
☐ SK Ski Area
☒ SS Service Station
☐ US Water User's Association
☐ VC Visitor Center
☐ VM Vending Machine
☒ WH Water Hauler
☐ XX Other _____

Primary Service Category Description: RS

Comments: _____

SOURCES (check all that apply)

☒ SW = Surface Water ☐ SWP = Surface Water Purchased

☒ GW = Groundwater ☐ GWP= Groundwater Purchased

☒ GWUDI = Ground Water Under the Direct Influence of Surface Water

If mixed, does GW receive full SW Treatment? ☒ Yes ☐ No

Is the current water source adequate in quantity?
☒ Yes ☐ No Describe: _____

Have there been any interruptions in service since the last survey?
☒ Yes ☐ No Describe: The storage tanks ran out of water in March 2022 and with a main break and low production, the sources could not produce enough water to meet demand, leading to a complete loss of pressure in the water system.

Have there been reports of a water borne disease (2 or more people)?
☐ Yes ☒ No Describe: _____

Have there been any changes to the water system since the last survey?
☐ Yes ☒ No Describe: _____

Are there any changes that are planned?
☒ Yes ☐ No Describe: North Platte river to Atlantic Rim Reservoir AC pipeline to be replaced with PVC. Pretreatment is considered to allow the system to draw additional water from the N Platte.

SUMMARY (Describe the water system in a paragraph or two)

The City of Rawlins water system treats source water that is provided by a combination of about springs, groundwater artesian wells, surface water collection reservoirs, and the North Platte River. All source water is fully treated in the surface water treatment plant. Source waters from the Rawlins Reservoir, springs and the wells are piped through Sage Creek Pipeline either directly to the treatment plant or to a terminal reservoir at the water treatment plant site, known as the Peaking Reservoir. North Platte River water is pumped and stored in the raw water (Thayer) tank, then pumped to the Atlantic Rim Reservoir. From the Atlantic Rim Reservoir, water can flow directly to the Sage Creek pipeline or the Peaking Reservoir. Water from the various sources flows by gravity to the water treatment plant. Water treatment consists of Precoat Filtration (using perlite as the precoat and body feed media) and gaseous chlorine disinfection. There is also an Actiflo pre-treatment plant on site that has not been used since 2003. Treated water flows by gravity to four storage tanks (Farm Tanks (2)), Hospital Tank, Painted Hills Tank) and into the water distribution system to serve retail customers and wholesale customers through service connections.

The following abbreviations will be used throughout this document: NI = no information, NA = not applicable, NR = not requested, @ = potential significant deficiency.

SIGNIFICANT DEFICIENCIES

Significant deficiencies include, but are not limited to, defects in the design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system, that the EPA determines to be causing, or have the potential for causing, the introduction of contamination into the water delivered to consumers. Please note the instructions for responding to significant deficiencies in the attached cover letter. Failure to provide a response to the EPA could result in a violation.

1) **Gravity Tank ID: ST01 - Tank Farm (Swanson Ranch) Storage Tank #1 (East)**
Air vent on finished water storage tank is not elevated above the roof at the required height*. (see photo #41)

   For non-downturned vents, the bottom of the vent screen must be at least 8" above the tank roof to prevent inhalation of contaminants by the tank.

2) **Gravity Tank ID: ST05 - Tank Farm (Swanson Ranch) Storage Tank #2 (West)**
Air vent on finished water storage tank is not elevated above the roof at the required height*. (see photo #38)

   For non-downturned vents, the bottom of the vent screen must be at least 8" above the tank roof to prevent inhalation of contaminants by the tank.

3) **Gravity Tank ID: ST06 - Clearwell**
Storage tank not cleaned and inspected within the last 10 years.

   The tank must be cleaned and inspected. Please see the enclosed Finished Water Storage Tank Inspection/Cleaning Checklist for a list of items that must be evaluated during the inspection. Tanks need to be periodically cleaned and inspected to prevent the growth of potentially harmful pathogens in the accumulated sediments and to address construction issues before they require major repairs. Inspections and cleaning may be done by a third-party professional or appropriately trained in-house staff. Please be aware that some tanks may be considered as confined spaces or hazardous environments; personnel working in or near the tanks should have all OSHA-required training, and proper safety equipment and procedures should be used at all times. After inspection and cleaning the tank must be disinfected according to AWWA standards (C652-92: Disinfection of Water Storage Facilities).

   In order to correct this significant deficiency, you must provide EPA with the following documentation:

   - A completed copy of the Finished Water Storage Tank Inspection/Cleaning Checklist.
   - A copy of inspection results and labeled photographs.
   - The date that any corrective actions needed to address deficiencies with the tank components will be completed. EPA will review the inspection report and may require additional corrective actions.

UNCORRECTED SIGNIFICANT DEFICIENCIES FROM PRIOR SANITARY SURVEY

No uncorrected significant deficiencies from prior sanitary survey.

RECOMMENDATIONS

1) Domestic Water Storage Tank (ST03) and Domestic Water Head Tank (ST04) should be inspected and cleaned.

A program of preventive maintenance that includes routine inspection and cleaning of the storage reservoir should be consistently followed. Schedule time to clean and inspect every 3-5 years per AWWA recommendations. **EPA has made it a significant deficiency if storage tanks are not cleaned and inspected every ten years.** Viable colonies of bacteria may accumulate in tank sediment and it is important to purge tanks of sediments to avoid excessive chlorine demand and increases in microbial contaminants.

2) Painted Hills Storage Tank (ST03) Drain (see photo #59)

Storage tank drain lines should be screened with a #24-mesh screen or a properly sealed flapper valve to prevent entry of birds, insects, rodents, and other forms of contamination. Drain lines should terminate between 12 and 24 inches above a drainage area protected by an inlet structure, splash plate, or engineered rip-rap.

3) Gravity Tank ID: ST04 - Thayer Storage Tank (100K)
Unknown Integrity of Storage Tank.

Though the storage tank stores raw water that is discharged to one of the surface water reservoir intakes, the storage tank should still be regularly inspected. The system should provide EPA with the following documentation:

- A completed copy of the Finished Water Storage Tank Inspection/Cleaning Checklist.
- A copy of inspection results and labeled photographs.
- The date that any corrective actions needed to address deficiencies with the tank components will be completed. EPA will review the inspection report and may require additional corrective actions.

4) Backflow Prevention/ Cross Connection

The public water system should conduct an inventory of the system to determine the existence and degree of hazard of potential cross-connections and implement a cross-connection control program. Cross-connections in water systems are a significant sanitary risk that threatens drinking water quality and public health. Cross-connection control devices should be appropriate for the specific application. The water supplier should develop and maintain a record keeping program and management procedures to ensure the following: a) installation and certification by test or inspection of all backflow prevention devices, and b) the annual testing and certification by a certified tester of all testable backflow prevention devices. Please see Wyoming DEQ Chapter 12 regulations on cross connections.

5) Water System Resilience

Water systems should evaluate all of their facilities to determine if they are within the 100 and/or 500 year flood plains. This information can be used to evaluate your facilities' ability to withstand and continue operating during these types of events.

WHOLESALE SYSTEMS

(i.e. does this PWS supply finished water to another PWS?)

☐ **NA**

Consecutive System	**Who is responsible for maintenance of master meter connection(s)?**	**Connection Type**
Name: Town of Sinclair PWSID: WY5600054 # of master meter connections: 1 Population:433 Contact and address if no PWSID: _____	☒ Wholesaler ☐ Consecutive system Inspect one representative connection if wholesaler is responsible. If the wholesaler is responsible: how often is inspection performed? 2-3 times/year how often is maintenance performed? As needed Is there standing water in any meter pit/vault? ☐ Yes ☒ No ☐ NA If so, what is the source of the standing water? ☐ Leaks @ ☐ Groundwater ☐ Unknown @ Comments: Population data from Lezlee Musgrave at Sinclair Town Hall.	☒ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only ☐ Water is hauled (bulk water fill stations are described in Distribution section)
Comments: _____		
How many master meter connections exist off the wholesale system? _____		

SOURCE DATA
ACTIVE (PHYSICALLY CONNECTED) WELLS AND WELL PUMPS
(if well is GWUDI and fully treated as SW, these will be recommendations)
☐ **NA**

Well Name:	**Miller Hill Well #1**	**Miller Hill Well #2**	**Miller Hill Well #3**
Well owner (if different than system owner):	NA	NA	NA
Facility ID (from PWS inventory, e.g., WL01):	WL01	WL02	WL03
Well Location: (well house, well pit/pitless adapter, driveway/parking lot, combination, etc.)	Well Pit	Well Pit	Well Pit
Does system want this well to be considered inactive? @	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Adequately protected from vehicle damage? @	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
If well is located in a pit or vault, is the pit or vault completely watertight?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
If no, is the pit or vault completed with drainage or a sump pump for permanent or portable use? @ If applicable, indicate type (permanent pump, portable pump, or drainage)	☐ Yes ☐ No ☒ NA Type:	☐ Yes ☐ No ☒ NA Type:	☐ Yes ☐ No ☒ NA Type:
Is the pit located in a building?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
WY DEQ and/or WY SEO permit #:	UW70332	UW70333; UW72687 enl	UW70334; UW72688 enl
Are there any approved WY DEQ Chapter 12 variances for this well? If yes, describe what type of variance was approved.	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Total Well Depth (ft):	1,730	1,743	1,625
Depth range of shallowest casing perforations (ft):	Open Hole 1,543 to 1,730	Open Hole 1553 to 1743	Open Hole 1,435 to 1,625
Actual yield (gpm):	450	325	425
Well log or Statement of Completion on site? **(If yes, please copy or photograph and submit with report)**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Well Construction			
Does SW runoff drain away from the wellhead (including wells in pits or vaults)? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Does well casing terminate at least 12" above the concrete floor? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Does the well casing terminate at least 18" above the natural ground surface? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
What is the actual casing height (inches)?	NA	NA	NA
Any holes or openings observed in the well or its appurtenances? @	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA
If yes, describe.	Artesian well; no leaks observed.	Artesian well; no leaks observed.	Artesian well; no leaks observed.
Does the well have a sanitary seal with tightly bolted cap? @ (May need operator to open well cap to verify; explain why if unable to verify)	☒ Yes ☐ No ☐ Unknown	☒ Yes ☐ No ☐ Unknown	☒ Yes ☐ No ☐ Unknown
Is a gasket visible?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Does the well cap move?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Explain	Flowing well - non typical Sanitary Seal/Well Cap	Flowing well - non typical Sanitary Seal/Well Cap	Flowing well - non typical Sanitary Seal/Well Cap
Is well vented (vent not required)?	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA
What is the height from the ground level to the screen of the vent (inches)?			
Does the vent terminate at or above the top of the casing or pitless unit? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Is vent facing downward? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Vent screened with #24 mesh? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA

Well Name:	Miller Hill Well #1	Miller Hill Well #2	Miller Hill Well #3
Is there a source water sample tap for GWR compliance?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Is the tap located prior to all treatment processes?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Where is the source water tap located? If it is a combined tap What wells does the sample tap represent?	☒ NA Well water undergoes full surface water treatment	☒ NA Well water undergoes full surface water treatment	☒ NA Well water undergoes full surface water treatment
Is there an air release/vacuum relief valve (not required)?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Discharge Piping Termination			
- In a downward position? @	☐ Yes ☐ No ☒ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
- At least 8" above the floor? @	☐ Yes ☐ No ☒ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA
- Screened with #24 mesh? @	☐ Yes ☐ No ☒ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA
Comments:	Could not access valve vault	Design OK - well undergoes full surface water treatment	Design OK - well undergoes full surface water treatment
Well Pumps	☒ NA	☒ NA	☒ NA
Submersible Pump?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Other type of pump? (if other, describe and indicate location in the comment field below)	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
NSF-60 lubricant used?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Operable and in good condition?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Maintenance program in place?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the external pump subject to flooding? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Spare parts available?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Emergency power available?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments	Flowing Well	Flowing Well	Flowing Well

Are there any known sources of pollution near the wells which could possibly impact water quality? @ ☐ Yes ☒ No
Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)

If yes, indicate impacted well(s) and provide general location and comments (please locate on aerial map and provide photos): _____

How far from the well is the source of pollution located? _____

Mice or other animals and their droppings in immediate area (well house, vault, pit, etc.) @ ☐ Yes ☒ No _____

Are there seasonal variations in the quantity of the water? ☐ Yes ☒ No Wells shut-down for winter - shut down occurred September 20th, 2020

Are there seasonal variations in the quality of the water? ☐ Yes ☒ No Wells shut-down for winter - shut down occurred September 20th, 2020

How does the system handle sewage?

☒ Centralized Sewage Treatment
☐ Septic Systems with Pumped Vaults
☐ Septic Systems with Leach Fields (mark location on aerial if near well)

Comments: _____

SOURCE DATA
SPRINGS AND ASSOCIATED PUMPS

(if spring is GWUDI and fully treated as SW, these will be recommendations)

☐ **NA**

Spring name: Sage Creek Springs

Spring owner if different than system owner: Same

Facility ID (from PWS Inventory, e.g., SPR01): SPR01

WY DEQ permit number: _____

WY SEO permit number: P31979.0D

Are there any approved WY DEQ Chapter 12 variances for this spring? If yes, describe what type of variance was approved: _____

Description of the intake to the spring collection box (i.e., how the spring water is collected and conveyed into the box): Laterals from the "collector boxes" collect water and route supply to Reservoir and/or WTP, as Operator decides

Actual yield (gpm): System permitted at 15 cfs (P31979.0D).

Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report.

Comments: Individual Springs not metered

SPRING COLLECTION BOX

	Yes	No	NA
Are the spring collection area and spring box fenced to keep large animals away? @	☐	☒	☐
Does surface water runoff drain away from the collection area? @	☒	☐	☐
Is there deep rooted vegetation around the spring collection area and spring box? @	☐	☒	☐

Describe: _____

Does the spring collection box have the following features:

Proper shoe box cover? @	☐	☒	☐
Rubber gasket on the access hatch cover? @	☐	☒	☐
Air vents screened with #24 mesh? @	☐	☐	☒
Is the hatch cover locked? @	☒	☐	☐
Overflow screened with #24 mesh screen? @	☐	☐	☒
Does overflow have a free fall of at least 12 inches? @	☐	☐	☒
Is the spring collection box water tight to prevent inflow of unwanted surface water? @	☐	☐	☒

Comments: All sources from the spring system are sent to raw water storage and ultimately to the WTP for full surface water treatment, so no SDs are assigned for spring design.

SOURCE PUMPS

Location of the pump station: None

How many pumps at the facility? _____

Type of pump(s): _____

	Yes	No	NA
Are the correct types of lubricants (NSF-60) used?	☐	☐	☐
Are pumps operable and in good condition?	☐	☐	☐
Is there a maintenance program in operation?	☐	☐	☐
Is the pump station subject to flooding? @	☐	☐	☐
Are spare parts available?	☐	☐	☐
Is emergency power available?	☐	☐	☐

Comments: _____

Is there a source water sample tap for GWR compliance? ☐ Yes ☐ No ☒ NA

Is the tap located prior to all treatment processes? ☐ Yes ☐ No ☒ NA

Where is the source water tap located? _____

If it is a combined tap ☒ NA

What sources does the sample tap represent? _____

Are there any known sources of pollution near the springs which could possibly impact water quality? @ ☐ Yes ☒ No

(Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)

If yes, indicate impacted spring(s) and provide general location and comments (please locate on aerial map and provide photos): _____

How far from the spring is the source of pollution located? _____

Mice or other animals and their droppings in immediate area **(spring house, etc.)** @ ☐ Yes ☒ No _____

Are there seasonal variations in the quantity of the water? ☒ Yes ☐ No Snow pack runoff.

Are there seasonal variations in the quality of the water? ☐ Yes ☒ No _____

How does the system handle sewage?

☒ Centralized Sewage Treatment
☐ Septic Systems with Pumped Vaults
☐ Septic Systems with Leach Fields (mark location on aerial if near spring)

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN STREAMS, AND ASSOCIATED PUMPS

☐ NA

STREAMS

Stream name: North Platte River

Facility ID (from PWS Inventory, e.g., IN01): IN03

WY DEQ permit number: _____

WY SEO permit number: P2860.0D

Is the area around the intake restricted?
☒ Yes ☐ No

Are there multiple intakes located at different levels?
☐ Yes ☒ No Describe: _____

Are the intake(s) screened?
☒ Yes ☐ No

Frequency of intake inspection: Weekly

Date of last inspection: 09/24/2020

Are there seasonal algal blooms present? ☐ Yes ☒ No

Describe: _____

Is an algaecide ever used to control algae? ☐ Yes ☒ No

If yes, describe: _____

Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report

INTAKE PUMPS

Location of the pump station: At intake structure

How many pumps at the facility? 2

Type of pump(s): Vertical turbine

	Yes	No	NA
Are the correct types of lubricants (NSF-60) used?	☒	☐	☐
Are pumps operable and in good condition?	☒	☐	☐
Is there a maintenance program in operation?	☒	☐	☐
Is the pump station subject to flooding?	☐	☒	☐
Are spare parts available?	☒	☐	☐
Is emergency power available?	☐	☒	☐

Comments: North Platte River water is pumped to the Atlantic Rim and Peaking reservoirs.

Are there any known sources of pollution near the stream (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☒ No

If yes, indicate impacted stream(s) and provide general location and comments (please locate on aerial map and provide photos): _____

How far from the stream is the source of pollution located? _____

Are there seasonal variations in the quantity of the water? ☒ Yes ☐ No Seasonal river fluctuations.

Are there seasonal variations in the quality of the water? ☒ Yes ☐ No NTU during spring run-off & precipitation events

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN STREAMS, AND ASSOCIATED PUMPS

☐ NA

STREAMS

Stream name: Sage and Beaver Creek Intake (IN04)

Facility ID (from PWS Inventory, e.g., IN01): IN04

WY DEQ permit number: _____

WY SEO permit number: _____

Is the area around the intake restricted?
☐ Yes ☒ No

Are there multiple intakes located at different levels?
☐ Yes ☒ No Describe: _____

Are the intake(s) screened?
☐ Yes ☐ No NI

Frequency of intake inspection: NI

Date of last inspection: 10/7/2020

Are there seasonal algal blooms present? ☐ Yes ☒ No

Describe: _____

Is an algaecide ever used to control algae? ☐ Yes ☒ No

If yes, describe: _____

Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report

INTAKE PUMPS

Location of the pump station: None, gravity flow

How many pumps at the facility? _____

Type of pump(s): _____

	Yes	No	NA
Are the correct types of lubricants (NSF-60) used?	☐	☐	☐
Are pumps operable and in good condition?	☐	☐	☐
Is there a maintenance program in operation?	☐	☐	☐
Is the pump station subject to flooding?	☐	☐	☐
Are spare parts available?	☐	☐	☐
Is emergency power available?	☐	☐	☐

Comments: _____

Are there any known sources of pollution near the stream (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☒ No

If yes, indicate impacted stream(s) and provide general location and comments (please locate on aerial map and provide photos): _____

How far from the stream is the source of pollution located? _____

Are there seasonal variations in the quantity of the water? ☒ Yes ☐ No Runoff

Are there seasonal variations in the quality of the water? ☒ Yes ☐ No Runoff

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN RESERVOIRS, LAKES AND PONDS AND ASSOCIATED PUMPS

☐ NA

Reservoir or lake name: Rawlins Reservoir, last ran water from this reservoir in 2003.

Facility ID (from PWS Inventory, e.g., IN01): IN01

WY DEQ permit number: _____

WY SEO permit number: P2435.0R

RESERVOIRS

Is the area around the intake(s) restricted? ☒ Yes ☐ No

Are there multiple intakes located at different levels? ☒ Yes ☐ No Describe: Intake structure allows system to choose their draw-off point

Depth of intake(s): NI

Distance from shore: NI

Are the intake(s) screened? NI ☐ Yes ☐ No

Frequency of intake inspection: NI

Date of last inspection: NI

Are there seasonal algal blooms present? ☐ Yes ☒ No

Describe: None reported

Is an algaecide ever used to control algae? ☐ Yes ☒ No

If yes, describe: _____

Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report

INTAKE PUMPS

Location of the pump station: None, gravity flow

How many pumps at the facility? _____

Type of pump(s): _____

	Yes	No	NA
Are the correct types of lubricants (NSF-60) used?	☐	☐	☐
Are pumps operable and in good condition?	☐	☐	☐
Is there a maintenance program in operation?	☐	☐	☐
Is the pump station subject to flooding?	☐	☐	☐
Are spare parts available?	☐	☐	☐
Is emergency power available?	☐	☐	☐

Comments: _____

Are there any known sources of pollution near the reservoir/lake/pond (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☒ No

If yes, indicate impacted reservoir/lake/pond(s) and provide general location and comments (please locate on aerial map and provide photos):

_____

How far from the reservoir/lake/pond is the source of pollution located? _____

Are there seasonal variations in the quantity of the water? ☒ Yes ☐ No Run Off

Are there seasonal variations in the quality of the water? ☒ Yes ☐ No Turbidity due to seasonal & wind driven effects

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN RESERVOIRS, LAKES AND PONDS AND ASSOCIATED PUMPS

☐ NA

Reservoir or lake name: Atlantic Rim Reservoir

Facility ID (from PWS Inventory, e.g., IN01): IN02

WY DEQ permit number: _____

WY SEO permit number: P8016.0R

RESERVOIRS

Is the area around the intake(s) restricted? ☒ Yes ☐ No

Are there multiple intakes located at different levels? ☒ Yes ☐ No Describe: Intakes are on the side of the dam and allow separate draw-off as Operator chooses

Depth of intake(s): NI

Distance from shore: NA

Are the intake(s) screened? ☒ Yes ☐ No

Frequency of intake inspection: NI

Date of last inspection: 2013 reservoir was relined

Are there seasonal algal blooms present? ☒ Yes ☐ No

Describe: _____

Is an algaecide ever used to control algae? ☒ Yes ☐ No

If yes, describe: Copper sulfate

Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report

INTAKE PUMPS

Location of the pump station: None, gravity flow

How many pumps at the facility? _____

Type of pump(s): _____

	Yes	No	NA
Are the correct types of lubricants (NSF-60) used?	☐	☐	☐
Are pumps operable and in good condition?	☐	☐	☐
Is there a maintenance program in operation?	☐	☐	☐
Is the pump station subject to flooding?	☐	☐	☐
Are spare parts available?	☐	☐	☐
Is emergency power available?	☐	☐	☐

Comments: _____

Are there any known sources of pollution near the reservoir/lake/pond (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☒ No

If yes, indicate impacted reservoir/lake/pond(s) and provide general location and comments (please locate on aerial map and provide photos):

_____

How far from the reservoir/lake/pond is the source of pollution located? _____

Are there seasonal variations in the quantity of the water? ☒ Yes ☐ No Run Off

Are there seasonal variations in the quality of the water? ☒ Yes ☐ No Turbidity due to seasonal & wind driven effects.

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN RESERVOIRS, LAKES AND PONDS AND ASSOCIATED PUMPS

☐ NA

Reservoir or lake name: Peaking Reservoir

Facility ID (from PWS Inventory, e.g., IN01): IN05

WY DEQ permit number: _____

WY SEO permit number: P7185.0R

RESERVOIRS

Is the area around the intake(s) restricted? ☒ Yes ☐ No

Are there multiple intakes located at different levels? ☒ Yes ☐ No Describe: _____

Depth of intake(s): NI

Distance from shore: NI

Are the intake(s) screened? ☒ Yes ☐ No

Frequency of intake inspection: When screens installed

Date of last inspection: 12 years ago

Are there seasonal algal blooms present? ☒ Yes ☐ No

Describe: _____

Is an algaecide ever used to control algae? ☒ Yes ☐ No

If yes, describe: April and September copper sulfate added to water.

Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report

INTAKE PUMPS

Location of the pump station: None, gravity flow

How many pumps at the facility? _____

Type of pump(s): _____

	Yes	No	NA
Are the correct types of lubricants (NSF-60) used?	☐	☐	☐
Are pumps operable and in good condition?	☐	☐	☐
Is there a maintenance program in operation?	☐	☐	☐
Is the pump station subject to flooding?	☐	☐	☐
Are spare parts available?	☐	☐	☐
Is emergency power available?	☐	☐	☐

Comments: _____

Are there any known sources of pollution near the reservoir/lake/pond (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☒ No

If yes, indicate impacted reservoir/lake/pond(s) and provide general location and comments (please locate on aerial map and provide photos):

_____

How far from the reservoir/lake/pond is the source of pollution located? _____

Are there seasonal variations in the quantity of the water? ☒ Yes ☐ No Run Off

Are there seasonal variations in the quality of the water? ☒ Yes ☐ No Turbidity due to seasonal & wind driven effects

Comments: _____

SOURCE DATA
EMERGENCY BACKUP SOURCE WATER

Describe any backup source water possibly available during an emergency to the PWS, or indicate none: None

Is the backup water source physically disconnected from the water system? ☐ Yes ☐ No _____
(if this is a raw water source and is still physically connected to the system, then stop filling out this section and complete the applicable source data section)

RAW WATER TO TREATMENT PLANT TRANSMISSION LINE

☐ NA

Name or designation: City of Rawlins Raw Water Transmission Line

SW ☒ GW ☒

Point of origin: Sage Creek Springs

Point of termination: WTP

Approximate Length: 32 Miles

Material: NI - this wood stave and ductile line was replaced after the water outage in March 2022

Is there asbestos pipe in the water system between the source and the treatment plant? ☐ Yes ☒ No

If yes, what are the location and estimated linear feet of the asbestos pipe in the transmission line? _____

Are there any service connections off the raw water transmission line? @ ☒ Yes ☐ No Fire hydrant tap.

(Check yes only if the water system provides treated water to the rest of the distribution system)

What does each connection serve? Only connection is fire hydrant tap near the well field (not a potable water connection).

If used for potable water supply, is there a legal agreement or contract in place? ☐ Yes ☐ No NA; Source water treated at WTP.

If used for potable water supply, is the water treated at the connection and how? ☐ Yes ☐ No _____

Name or designation: North Platte River Raw Water Pipeline

SW ☒ GW ☐

Point of origin: North Platte River

Point of termination: Atlantic Rim & Peaking Reservoirs

Approximate Length? 14 Miles

Material: PVC and AC

Is there asbestos pipe in the water system between the source and the treatment plant? ☒ Yes ☐ No

If yes, what are the location and estimated linear feet of the asbestos pipe in the transmission line? North Platte river to Atlantic Rim Reservoir is AC pipe. This section is to be replaced with PVC.

Are there any service connections off the raw water transmission line? @ ☒ Yes ☐ No _____
(Check yes only if the water system provides treated water to the rest of the distribution system)

What does each connection serve? Golf course irrigation feed

If used for potable water supply, is there a legal agreement or contract in place? ☐ Yes ☐ No NA

If used for potable water supply, is the water treated at the connection and how? ☐ Yes ☐ No NA

GRAVITY TANKS

☐ NA

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	**Farm Storage East Tank (7.5 MG)**	**Hospital Storage Tank**	**Painted Hills Storage Tank**
Tank ID (from PWS inventory, e.g., ST01):	ST01	ST02	ST03
Tank owner (if different than system owner):	NA	NA	NA
Location (indoor or outdoor):	Outdoor	Outdoor	Outdoor
Date put into service	1950s	1950s	1977
Tank Type: Below ground (buried or partially buried) / Ground level / Elevated (pedestal or standpipe)	☐ / ☒ / ☐	☐ / ☒ / ☐	☐ / ☒ / ☐
Tank is constructed of: Concrete / Steel / Fiberglass / Other	☐ / ☒ / ☐ / ____	☐ / ☒ / ☐ / ____	☐ / ☒ / ☐ / ____
What type of water is stored (GW systems only)?	☐ Treated ☐ Raw	☐ Treated ☐ Raw	☐ Treated ☐ Raw
Storage volume (gallons)?	7,500,000	1,000,000	3,000,000
Are there any approved WY DEQ Chapter 12 variances for this tank? If yes, describe what type of variance was approved.	☐ Yes ☒ No ____	☐ Yes ☒ No ____	☐ Yes ☒ No ____
Is the site subject to flooding? @	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Can the tank be isolated from the system?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the water level indicator accurate?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Does the tank appear structurally sound? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Does the foundation appear structurally sound? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Are there any unprotected openings in the tank (breaches, leaks, etc)? @	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Inspection and cleaning history			
If the tank is more than 10 years old, was it cleaned and inspected within the last 10 years? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
When and how was the tank last cleaned and inspected?	2014	2019	2019
Who performed the cleaning and inspection?	Staff	Divers (Midco)	Divers (Midco)
How was the tank disinfected after cleaning? (NA if diver used)	NI	NA	NA
Surveyor able to view report and confirm date?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
If yes, note major concerns and/or recommendations:	____	____	____
If Carcasses or other debris found in the tank:			
Was EPA notified immediately?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the entry point for the carcass or debris eliminated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Describe:	____	____	____
Overflow			
Does the tank have an overflow separate from the vent? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Is the overflow accessible for inspection? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Overflow has a #24 mesh screen OR a duckbill valve OR a properly sealed flapper valve with screen of any size inside (EPA recommends non-corrodible #24 mesh screen)? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Does the overflow line terminate no less than 12 inches but no more than 24 inches above the ground surface? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Does the overflow discharge over an inlet structure, splash plate, or engineered rip-rap? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Is the discharge visible?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Comments about overflow:	____	____	____

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)

Tank Name:	Farm Storage East Tank (7.5 MG)	Hospital Storage Tank	Painted Hills Storage Tank
Drain Line			
Combined overflow and drain pipe? (If yes, skip drain questions)	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☒ No ☐ NA
Is the drain accessible for inspection? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☒ Yes ☐ No ☐ NA
Is there #24 mesh screen on the drain pipe?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☒ Yes ☐ No ☐ NA
Does water accumulate in the drain discharge area?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☒ No ☐ NA
Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Does the drain pipe terminate between 12 and 24 inches above a drainage area?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☒ No ☐ NA
Does the drain pipe terminate above an inlet structure, splash plate, or engineered rip-rap?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☒ No ☐ NA
Comments about drain:	____	____	____
Air Vent			
Does the tank have a vent separate from the overflow? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Is the vent accessible for inspection? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
For above ground tanks (ground level or elevated/standpipe):			
Is there #24 mesh screen? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
If not #24 mesh screen, what size mesh is the screen?	____	____	____
Does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA	☒ Yes ☐ No ☐ NA
Is the screen on the inside of the vent pipe?	☐ Yes ☒ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Downturned vent: Is the vent at least 24“ above the roof? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
For non-downturned vents: Is there a solid cover down to the bottom of the vent screen? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
For non-downturned vents: Is the screen at least 8” above the roof surface? @	☐ Yes ☒ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Below Ground Tanks (buried or partially buried)			
Is air vent covered with #24 mesh screen? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Is the screen on the inside of the vent pipe?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Does the air vent terminate downward? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Is the air vent at least 24” above the roof or ground surface (whichever is higher)? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Comments about air vent:	The air vent was equipped with an external #24 mesh screen "cage" following the 2012 sanitary survey.	____	Floating pallet vent mechanism equipped with #24 mesh screen pallet was added after the last sanitary survey.
Access Hatch			
Is the hatch accessible for inspection? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
For below ground tanks where the roof is completely buried, is the hatch raised at least 24” above ground level? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
For partially buried tanks where a roof is visible, is the hatch raised at least 24” above the roof? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
For above ground tanks (ground level or elevated) is the hatch raised at least 4“ above the roof? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
What is the height of the access hatch above the roof or ground surface?	4 in	4 in	7 in
Does the hatch have a shoe box cover? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Is the hatch cover tight and sealed with a rubber gasket? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Is the hatch cover locked? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Comments about access hatch:	____	____	____
Comments:	____	____	____

GRAVITY TANKS

☐ NA

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	**Clearwell**	**Farm Storage West Tank (7.5 MG)**	**Thayer Storage Tank (100K)**
Tank ID (from PWS inventory, e.g., ST01):	ST06	ST05	ST04
Tank owner (if different than system owner):	NA	NA	____
Location (indoor or outdoor):	Indoor	Outdoor	Outdoor
Date put into service	1984	1950s	NI
Tank Type: Below ground (buried or partially buried) / Ground level / Elevated (pedestal or standpipe)	☐ / ☒ / ☐	☐ / ☒ / ☐	☐ / ☒ / ☐
Tank is constructed of: Concrete / Steel / Fiberglass / Other	☒ / ☐ / ☐ / ____	☐ / ☒ / ☐ / ____	☐ / ☒ / ☐ / ____
What type of water is stored (GW systems only)?	☐ Treated ☐ Raw	☐ Treated ☐ Raw	☐ Treated ☐ Raw
Storage volume (gallons)?	186,742	7,500,000	100,000
Are there any approved WY DEQ Chapter 12 variances for this tank? If yes, describe what type of variance was approved.	☐ Yes ☒ No ____	☐ Yes ☒ No ____	☐ Yes ☐ No NI
Is the site subject to flooding? @	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Can the tank be isolated from the system?	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Is the water level indicator accurate?	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Does the tank appear structurally sound? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the foundation appear structurally sound? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Are there any unprotected openings in the tank (breaches, leaks, etc)? @	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Inspection and cleaning history			
If the tank is more than 10 years old, was it cleaned and inspected within the last 10 years? @	☐ Yes ☒ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
When and how was the tank last cleaned and inspected?	____	2014	NI
Who performed the cleaning and inspection?	____	Divers	____
How was the tank disinfected after cleaning? (NA if diver used)	____	NA	____
Surveyor able to view report and confirm date?	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
If yes, note major concerns and/or recommendations:	____	____	____
If Carcasses or other debris found in the tank:			
Was EPA notified immediately?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the entry point for the carcass or debris eliminated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Describe:	____	____	____
Overflow			
Does the tank have an overflow separate from the vent? @	☐ Yes ☒ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the overflow accessible for inspection? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Overflow has a #24 mesh screen OR a duckbill valve OR a properly sealed flapper valve with screen of any size inside (EPA recommends non-corrodible #24 mesh screen)? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow line terminate no less than 12 inches but no more than 24 inches above the ground surface? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow discharge over an inlet structure, splash plate, or engineered rip-rap? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the discharge visible?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Comments about overflow:	____	____	____

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)

Tank Name:	**Clearwell**	**Farm Storage West Tank (7.5 MG)**	**Thayer Storage Tank (100K)**
Drain Line			
Combined overflow and drain pipe? (If yes, skip drain questions)	☐ Yes ☐ No ☒ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the drain accessible for inspection? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Is there #24 mesh screen on the drain pipe?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Does water accumulate in the drain discharge area?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe terminate between 12 and 24 inches above a drainage area?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe terminate above an inlet structure, splash plate, or engineered rip-rap?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Comments about drain:	Can gravity drain through system using valves.		
Air Vent			
Does the tank have a vent separate from the overflow? @	☐ Yes ☒ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the vent accessible for inspection? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For above ground tanks (ground level or elevated/standpipe):			
Is there #24 mesh screen? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
If not #24 mesh screen, what size mesh is the screen?			
Does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?	☐ Yes ☐ No ☒ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the screen on the inside of the vent pipe?	☒ Yes ☐ No ☐ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☐ No ☐ NA
Downturned vent: Is the vent at least 24“ above the roof? @	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
For non-downturned vents: Is there a solid cover down to the bottom of the vent screen? @	☐ Yes ☐ No ☒ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For non-downturned vents: Is the screen at least 8” above the roof surface? @	☐ Yes ☐ No ☒ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☐ No ☐ NA
Below Ground Tanks (buried or partially buried)			
Is air vent covered with #24 mesh screen? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Is the screen on the inside of the vent pipe?	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Does the air vent terminate downward? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Is the air vent at least 24” above the roof or ground surface (whichever is higher)? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Comments about air vent:		Same vent design as ST01	
Access Hatch			
Is the hatch accessible for inspection? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For below ground tanks where the roof is completely buried, is the hatch raised at least 24” above ground level? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
For partially buried tanks where a roof is visible, is the hatch raised at least 24” above the roof? @	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
For above ground tanks (ground level or elevated) is the hatch raised at least 4“ above the roof? @	☐ Yes ☒ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
What is the height of the access hatch above the roof or ground surface?	0 in	4 in	in
Does the hatch have a shoe box cover? @	☐ Yes ☒ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the hatch cover tight and sealed with a rubber gasket? @	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the hatch cover locked? @	☐ Yes ☐ No ☒ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about access hatch:	Located within secured treatment plant. Design OK per SWTR Manager		
Comments:			Not inspected during the survey. Should be inspected, see recommendations.

DISTRIBUTION BOOSTER PUMP STATIONS

☐ NA

Total number of booster stations in the distribution system: 2

Are there any new booster stations since the previous survey? ☐ Yes ☒ No

Are there any booster stations the system has had problems with since the previous survey? ☐ Yes ☒ No

Are there any booster stations where chlorine is added? ☐ Yes ☒ No

Note to surveyor: If there are new or problem booster stations, or if there are booster stations where chlorine is added, inspect each of them, complete the sections below, and take photos of each station inspected. For booster stations where chlorine is added, add the chlorination as a treatment process under the "Water Treatment Data" section, in addition to filling out the booster pump station section below.

If there are no new or problem booster stations, inspect at least one booster station as a representative of the entire system, complete a section below for each station inspected, and take photos of the station(s) inspected.

Both pump stations pump raw water.

Name/location of the pump station: Nugget Well Field Booster Pump Station

How many pumps at the facility? 2

Type/Make/Model/HP of pumps: NI

Incoming pressure (suction side) of booster station (psi): NI

Outgoing pressure (discharge side) of booster station (psi): NI

Estimated run time of booster pump(s) at time of visit (min): NI

Are booster pumps operated with Variable Frequency Drives (VFDs)? If Yes, make/model: ☐ Yes ☐ No NI

	Yes	No	NA	
Are the correct types of lubricants (NSF-60) used?	☐	☐	☒	_____
Is the pump station subject to flooding? @	☐	☒	☐	_____
Are pumps operable and in good condition?	☒	☐	☐	_____
Is there a maintenance program in operation?	☒	☐	☐	_____
Are spare pumps/parts available (specify)?	☒	☐	☐	_____
Is emergency power available?	☒	☐	☐	_____

Name/location of the pump station: Thayer Booster Pump Station

How many pumps at the facility? 2

Type/Make/Model/HP of pumps: NI

Incoming pressure (suction side) of booster station (psi): NI

Outgoing pressure (discharge side) of booster station (psi): NI

Estimated run time of booster pump(s) at time of visit (min): NI

Are booster pumps operated with Variable Frequency Drives (VFDs)? If Yes, make/model: ☐ Yes ☐ No NI

	Yes	No	NA	
Are the correct types of lubricants (NSF-60) used?	☐	☐	☒	_____
Is the pump station subject to flooding? @	☐	☒	☐	_____
Are pumps operable and in good condition?	☒	☐	☐	_____
Is there a maintenance program in operation?	☒	☐	☐	_____
Are spare pumps/parts available?	☒	☐	☐	_____
Is emergency power available?	☒	☐	☐	_____

WATER TREATMENT DATA
SURFACE WATER / GWUDISW SYSTEMS

☐ **NA**

General Information

For each treatment plant indicated on the overall PWS schematic, update the separate treatment plant schematic. Show all treatment processes, recycle streams, turbidimeter locations, raw water and finished water sampling points, and disinfectant residual sampling points.

In this section, the ¥ symbol indicates a potential violation to be determined by the EPA Rule Manager

Plant Location and Information

Plant / Office Location and Directions: The water plant is located south of I-80 in Rawlins, WY. Take exit 214, turn north, then west on WY-71. Proceed west on WY-71; as road travels under I-80, the road's name changes to Sage Creek Road - still WY 71. Proceed 2.5 miles after passing under I-80. Plant is on left side of WY-71.

Date plant put online: 1984

Modifications since the last survey? (if yes, describe): No

Describe water sources treated by this plant: All water sources (Ground Water & Surface Water) collected and delivered to WTP.

Is treatment impacted by algae (describe)? No

Plant Output (gal / day)

Design: 8 MGD

Summer Average: 3.5 MGD

Winter Average: 1.2 MGD

Maximum: 3.8 MGD

Provide a brief description of the plant's treatment processes: The City of Rawlins water system treats source water that is provided by a combination of springs, wells, surface water collection reservoirs, and the North Platte River. All source water is fully treated in the surface water treatment plant. Water treatment consists of Precoat Filtration (using perlite for both the precoat and body feed media) and gaseous chlorine disinfection.

Indicate all points in the treatment process where flow is determined and describe how (i.e. flowmeters, flow restrictors, valves, etc): Raw water meter at inlet of WTP (see photo #28); flow control valves & meters on each filter.

Please indicate all of the treatment plant waste disposal methods the plant currently employs:

- ☐ Discharge to surface, sewer, or equivalent. Please describe: _____
- ☐ On-site disposal. Please describe: _____
- ☐ Land application
- ☒ Discharge to lagoon/drying bed, with no recovery/recycling – e.g., downstream outfall
- ☐ Backwash recovery/recycling: discharge to basin or lagoon and then to source
- ☐ Backwash recovery/recycling: discharge to basin or lagoon and then to plant intake
- ☐ Other. Please describe: _____
- ☐ No wastes generated

Pre-Filtration Processes

Pre-Sed Basin: ☒ Yes ☐ No

Describe Type and indicate volume: Peaking Reservoir can be used as a pre-sedimentation basin.

Chemicals added: ☐ Yes ☒ No (If yes, input chemical information in table below)

Rapid Mix: ☐ Yes ☒ No

Describe Type: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Flocculation: ☐ Yes ☒ No

Describe Type: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Sedimentation: ☐ Yes ☒ No

Describe Type: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Other: ☐ Yes ☒ No

Describe: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Chemical Information (ask system to provide information from chemical supplier / manufacturer):

Manufacturer	Product Name	Location Chemical Added	Max Dose Used (past 12 months):	NSF 60 Certified?	NSF 60 Max Allowable Dose
_____	_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	_____	☐ Yes ☐ No	_____

NSF 60 certification and max. allowable dose info. can be found at: http://info.nsf.org/Certified/PwsChemicals/

Does the system use a chemical containing epichlorohydrin or polyacrylamide that is dosed in excess of the NSF 60 Max Allowable Dose? ¥
☐ Yes ☒ No

Filtration Processes

General

Indicate all types of filtration used:

☐ Conventional ☐ Bags / Cartridges ☐ Slow Sand
☐ Direct ☐ Membranes ☒ Precoat Filtration

Which is the final filtration barrier?: Precoat filtration using perlite media.

Type and model # of combined filter effluent (CFE) turbidimeter: HACH TU5300sc

Location of CFE turbidimeter: Post filter, pre clearwell

Frequency of all turbidimeter calibration(s): Monthly

Date(s) of last turbidimeter calibration(s) for all turbidimeters: 8/2020

Method used for all calibrations (primary formazin standard or other)? 20 NTU StalCal

Yes	No	
☒	☐	Does the location of the CFE turbidimeter comply with EPA policy SWTR #5? @
☒	☐	Are turbidimeters calibrated at least once every quarter? @
☒	☐	Does the system use a primary standard to perform the calibration? @
☒	☐	Are CFE turbidity records available for the last 5 years? ¥
☒	☐	Can CFE turbidities be recorded up to 5 NTU? @ How high can they be recorded: 10 NTU
☒	☐	Can turbidities associated with off-periods (backwash, FTW) be identified so they are not counted for compliance? (if applicable) @

Finished water CFE turbidity (NTU): PWS measurement: 0.137 Surveyor measurement: 0.11 Time of analysis: 11:20 am

Precoat Filters

Number of filters: 4 ☒ Pressure System ☐ Vacuum System

Filter manufacturer/model # (if applicable): 3 Filters are US Filter & 1 is a Durco Filter

Each filter capacity (gpm): 1,400 gpm

Describe pre-coat and body feed systems: After backwash, 300 gallons of pre-coat is added to the filter(s). Body-feed is on a timer that adds the body feed for 8 - 9 seconds every 2000 gallons treated.

Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (1.0 NTU 95% of each month, 2.0 NTU max) ¥ ☒ Yes ☐ No

Describe precoat and body feed systems: The system reported use of Harborlite 700 perlite for both the precoat and the body feed. Precoat: The system reports that during the final stages of backwashing, the pre-coat process occurs. The system mixes 150 pounds of perlite to 300 gallons of water and injects this product into the filter recycle tank. The filter continues to recycle flow from the tank and through the filter until the filtered water turbidity is acceptable for producing treated water (about 40 minutes). Then the filter returns to service if needed. Body feed: The body feed tank mixes 10 pounds of perlite to every 100 gallons of water. For every 2,000 gallons of water filtered, a feed valve opens and allows body feed product to be drawn into the filter housing through a venturi device. The valve opens for 8 - 9 seconds, each 2,000 gallons of water filtered.

Maximum filter loading rate (gpm/ft^2): 1 gpm/sf

Is the filtration rate less than 1.5 gpm/sf? @ ☒ Yes ☐ No

Maximum head loss allowed: 30 pounds differential.

What determines when backwash occurs? ☐ time ☐ turbidity ☐ automatic ☒ head loss

Log removal credited for this type of filtration barrier for: *Giardia*: 2.0 Viruses: 0 Cryptosporidium: 2.0

Disinfection Processes

General

Describe all inactivation processes, **both pre-filtration and post-filtration:** Post-filtration disinfection using gaseous chlorine.

Chemical Disinfection

Chlorine and Chloramines

Type: Chlorine gas Dosage: 1.2 - 1.3 mg/L (lb / day or mg/L) NSF 60 Certified? ☒ Yes ☐ No

Point of application: Post filtration

Where does the PWS measure disinfectant residual for compliance with the SWTR requirement of ≥ 0.2 mg/L at the POE? Post clearwell.

Is this before the 1st user of the water? ¥ ☒ Yes ☐ No

How is residual measured? ☒ continuous ☐ grab Equipment / manufacturer model #: HACH CL 17

What type of measurement is taken? ☒ free ☐ total (systems that use chloramination must measure total)

Chlorine residual at POE (mg/L): PWS measurement: 1.07mg/L Surveyor measurement: 1.1 mg/L Time of analysis: 11:19 am

Are the two measurements within 0.1 mg/L or 15% of one another (whichever is larger)? @ ☒ Yes ☐ No

Yes	No	
☒	☐	Is there redundant disinfection equipment?
☒	☐	Is there emergency power for the disinfection equipment?
☒	☐	If measuring residual continuously, is the PWS conducting weekly verifications with a grab sample measurement? @

Chemical Disinfection – Inactivation Calculations

If the PWS performs ongoing daily or weekly CT calculations, use their actual data to document inactivation in the section below. Otherwise, do a conservative calculation for each inactivation segment.

Identify location of 1st user: WTP is first user.

Summer Calculations (July 16, 2020) Lowest* disinfectant residual and where measured (mg/L): 1.0 - Clearwell effluent Water temperature (lowest*): 13°C Water pH (highest*): 8.0 Maximum* flow through segment: 1,708 gpm Describe each segment and list appropriate baffling factor: Clearwell contains 186,742 gallons. Clearwell level was 17.92 feet per 7/16/2020 Daily Operations Log. Indicated volume derived from previous Sanitary Survey. BF 0.7, again from previous survey.	List the volume of each segment using minimum* operating heights of tanks: Clearwell contains 186,742 gallons at 17.92 ft depth. Total logs *Giardia* inactivation from all chemical disinfection segments: 1.79 Total logs virus inactivation from all chemical disinfection segments: 63.78
Winter Calculations (January 16, 2020) Lowest* disinfectant residual and where measured (mg/L): 1.1 Clearwell effluent Water temperature (lowest*): 6.9°C Water pH (highest*): 6.6 Maximum* flow through segment: 202 gpm Describe each segment and list appropriate baffling factor: Clearwell contains 186,742 gallons. Clearwell level was 17.92 feet per 1/16/2020 Daily Operations Log. Indicated volume derived from previous Sanitary Survey. BF 0.7, again from previous survey.	List the volume of each segment using minimum* operating height of tanks: Clearwell contains 186,742 gallons at 17.92 ft depth. Total logs *Giardia* inactivation from all chemical disinfection segments: 18.31 Total logs virus inactivation from all chemical disinfection segments: 397.21

* Use data from system's ongoing CT calculations if available. Values should correlate to the system's lowest calculated inactivation levels during the specified season in the previous year.

Chemical Disinfection – Disinfection Profiling (if system is exempt, skip section)

Yes	No	
☒	☐	Does the system have a disinfection profile on site that contains a year of weekly log inactivation calculations (<10,000 pop.) or a year of daily log inactivation calculations (>10,000 pop)? @
☐	☒	Did the PWS make a significant change (new disinfectant; new location; etc.) to disinfection practices after 7/1/03 or 1/1/04?
☐	☐	If yes, was EPA consulted? Describe the change and date made: ¥ _____

When was the profile conducted? 2003 to 2004; current inactivation may be made using the Daily Operations Sheet(s) that are kept on file.

Lowest monthly average log inactivation observed from the profile (month/value): *Giardia:* 1.79/July 16, 2020 Viruses: 63.78/July 16, 2020

Overall Inactivation / Removal Calculations

Viruses / Giardia

Viruses	***Giardia***
0 Logs Removal (filtration)	2 Logs Removal (filtration)
63.78 Logs chemical inactivation (lowest value from Summer / Winter calculations)	1.79 Logs chemical inactivation (lowest value from Summer / Winter calculations)
_____ Logs UV inactivation	_____ Logs UV inactivation
_____ Logs other removal or inactivation	_____ Logs other removal or inactivation
63.78 Total logs inactivation / removal	3.79 Total logs inactivation / removal
≥ 4 logs? @ ☒ Yes ☐ No	≥ 3 logs? @ ☒ Yes ☐ No

Cryptosporidium

Committed to install maximum treatment? ☐ Yes ☒ No

If no, what is the system's bin #? ☒ Bin #1 ☐ Bin #2 ☐ Bin #3 ☐ Bin #4

System Classification: ☒ Filtered ☐ Unfiltered

*If system completed sampling and was classified as a Bin #1 system, the section below does not need to be completed. For all other systems, please complete the section below.

Total logs Cryptosporidium inactivation / removal required based on max treatment, bin # or classification: _____

Date treatment required by: _____ Toolbox Components Utilized: _____

_____ Logs Removal (filtration)
_____ Logs chemical inactivation
_____ Logs UV inactivation
_____ Logs other Toolbox Components
_____ Total logs inactivation / removal
≥ required logs? ¥ ☐ Yes ☐ No

WATER TREATMENT DATA (FOR ALL SYSTEMS)
CORROSION CONTROL

Does this PWS add chemicals for corrosion control? ☐ Yes ☒ No

Comments: _____

Chemical added:	NSF 60 Certified?	Dosage at Treatment Plant	Added Continuously or Seasonally
_____	☐ Yes ☐ No	_____	☐ Continuously ☐ Seasonally
_____	☐ Yes ☐ No	_____	☐ Continuously ☐ Seasonally
_____	☐ Yes ☐ No	_____	☐ Continuously ☐ Seasonally
_____	☐ Yes ☐ No	_____	☐ Continuously ☐ Seasonally

Do you monitor corrosion control treatment chemical concentrations, pH or any other water quality parameters at the entry point to the distribution system or at customer taps to evaluate the process? ☐ Yes ☐ No

Comments: _____

DISTRIBUTION DATA

Please provide a brief description of the distribution system, including source to use piping: The City of Rawlins water system treats source water that is provided by a combination springs, wells, surface water collection reservoirs, and the North Platte River. All source water is fully treated in the surface water treatment plant. Source waters from Rawlins Reservoir, the springs and the wells are piped through Sage Creek Pipeline either directly to the treatment plant or to a terminal reservoir at the water treatment plant site, known as the Peaking Reservoir. North Platte River water is stored in the raw water (Thayer) tank, then pumped to the Atlantic Rim reservoir which can flow directly to the Sage Creek pipeline or the Peaking Reservoir. Water from the various sources flows by gravity to the water treatment plant. Water treatment consists of Precoat Filtration (using perlite) and gaseous chlorine disinfection. There is also an Actiflo pre-treatment plant on site, but it has not been in use since 2003. Treated water flows by gravity into the water distribution system to serve retail customers and wholesale customers through service connections.

Is there asbestos pipe in the distribution system? ☒ Yes ☐ No
If yes, what are the location and estimated linear feet of the asbestos pipe in the distribution system? Tank Farm to Prison ~ 2 - 3 miles of 12" AC; and some 6" - 12" throughout other areas of the distribution system. There is also AC pipe in one of the raw water transmission lines - see the raw water transmission section of the survey.

Have lines broken due to freezing? ☐ Yes ☒ No _____
Have lines broken due to traffic load? ☐ Yes ☒ No _____

Are lines properly disinfected after repairs are made? ☒ Yes ☐ No _____

Is there at least 35 psi pressure in the distribution system at peak normal flow? ☒ Yes ☐ No _____

Is there at least 20 psi at all points in the system at all times? @ ☒ Yes ☐ No _____

For systems that provide water storage:
Total number of days of storage (Summer)? 3 days
Total number of days of storage (Winter)? 14 days

	Yes	No	NA
Is the storage capacity adequate to meet current needs?	☒	☐	☐
Is the storage capacity adequate to meet future needs?	☒	☐	☐

Comments: _____

Are there any bulk water supply/fill stations attached to this system? ☐ Yes ☒ No _____
(note to surveyor: if yes, check each facility, note its condition and provide photos)

Station name (if applicable)	Location	Appropriate Air Gap or RPZ?
_____	_____	☐ Air Gap ☐ RPZ ☐ Neither @

Comments: _____

Are there any air relief valves in vaults/pits located in the distribution system? ☒ Yes ☐ No Valve appears to be good integrity. Located on line that serves the WY State Prison.
Note to surveyor: If yes, inspect one representative ARV, note its condition and provide photos
Are they regularly inspected and maintained? ☒ Yes ☐ No _____

Do any have leaks and/or standing water that covers the discharge point? @ ☐ Yes ☒ No _____

Location, length, number, and flushing frequency for dead ends in the system: Annual flush of four identified areas.

Are distribution system ("as-built") drawings maintained (e.g., revised to show replacement or repair?) ☒ Yes ☐ No _____

For systems that add a chemical disinfectant or receive disinfected water from a wholesaler: **NA** ☐

Yes	No	
☒	☐	Is test equipment available for measuring the chlorine residual in the distribution system? Describe equipment: HACH Pocket Colorimeter
☒	☐	Are reagents up to date? 11/2020
☒	☐	Does the operator know how to properly measure chlorine residual? _____

Measured chlorine residual distribution system location: Public Works Administration Building Time of analysis: 11:30 am

Indicate residual value measured at this distribution system location: By Surveyor: 1.04 (mg/L) By PWS: 1.0 (mg/L)

Indicate if free or total chlorine was measured: Free

It is recommended that a minimum residual of 0.5 mg/L total chlorine or 0.2 mg/L free chlorine be maintained.

CROSS CONNECTION CONTROL

Yes	No	NA	
☐	☐	☒	**Does each severe hazard connection** have the appropriate reduced pressure backflow assembly installed at the meter/service connection and approved air gap (twice the size of the supply pipe diameter but always greater than one inch)? Describe each severe hazard connection and its location. @ _____ Note: Severe hazard connections include radioactive materials processors, nuclear reactors, and sewage treatment plants/pump stations.
☒	☐	☐	**Does each high hazard connection** in the treatment plant or distribution system have the appropriate air gap or reduced pressure backflow assembly installed? Describe each high hazard connection and its location. @ _____ Note: High hazard connections include hospitals, medical/dental facilities, laboratories, mortuaries, large taxidermies, chemical suppliers/processing facilities, petroleum plants, food processing facilities, wastewater treatment plants, and docks, car washes, dry cleaners, direct connections to raw or non-potable water, and any service connection with an unapproved auxiliary supply.
☐	☐	☒	Do **trailers or mobile homes connected directly to the PWS** via a yard hydrant have a residential dual check valve at each connection? Not allowed
☐	☒	☐	Are any **frost-free hydrants** that drain into the soil directly connected to this PWS? Not on City controlled system. Require residents to replace when they are identified.
☐	☒	☐	Are there any leaking system components in the water system observed by the surveyor that are not previously noted? @ Explain where and what was leaking: _____
☐	☒	☐	**At Community PWS**, do all low hazard connections have the appropriate dual check valve assemblies installed at the meter or service connection? About one-third of the users have set-up. System has not gone back to change out all service connections. Note: Low hazard connections include mobile home parks, farms/dairies, ranches, and shopping centers.
			For Non-community Systems, do the following connections have the indicated type of backflow prevention assemblies?
☐	☐	☒	- Stock tanks – approved air gap or atmospheric vacuum breaker at the tank? @ _____
☐	☐	☒	- Threaded yard hydrants – pressure vacuum breaker, atmospheric vacuum breaker or double check valve assembly? _____
			Does the water supplier have a record keeping program and management procedures to ensure:
☒	☐	☐	- The installation and certification by test or inspection (as applicable) of all backflow preventers (BFPs) at new service connections _____
☒	☐	☐	- The annual certification by a certified tester of all high-hazard BFPs at service connections. _____

SAFETY

Personnel Safety

Yes	No	NA	
☒	☐	☐	Are all personnel trained in proper handling of all utilized chemicals and materials? _____
☒	☐	☐	Are adequate masks, protective clothing, and safety equipment provided? _____
☒	☐	☐	Does the operator understand relevant Occupational Safety and Health Administration (OSHA) regulations (e.g., confined space, hazard communication, trenching/shoring, lock out/tag out)? _____

Chlorine Gas Safety **NA** ☐

☒	☐	☐	Are there chlorine warnings posted on the outside of chlorine room doors? _____
☒	☐	☐	- Do the doors open outward? _____
☒	☐	☐	- Do they open to the exterior of the building? _____
☒	☐	☐	- Are chlorine room doors equipped with crash bars? _____
☒	☐	☐	- Are chlorine room doors equipped with viewports? _____
☒	☐	☐	Is there a leak detector in the chlorine room with an audible alarm? _____
☒	☐	☐	Are chlorine feed and storage areas isolated from other facilities? _____
☒	☐	☐	Are chlorine areas adequately ventilated? _____
☒	☐	☐	Are all chlorine cylinders adequately restrained? _____
☒	☐	☐	Are self-contained breathing apparatus (SCBA) available for use in chlorine emergencies? _____
☒	☐	☐	- Are they in good working condition? _____
☒	☐	☐	- Are water system personnel adequately trained in the use and maintenance of the SCBA? _____
			- Where are the SCBA stored? Outside chlorine room.
☒	☐	☐	Are chlorine leak kits available? On-Site
☒	☐	☐	Are all personnel trained in their proper use? _____

Chemical Safety **NA** ☐

Yes	No	NA	
☒	☐	☐	Are oxidizers, corrosives, and flammables stored in separate areas and in closed, marked containers? _____
☒	☐	☐	Are flammables stored in appropriate containers and cabinets away from combustion sources? _____
☒	☐	☐	Is there adequate ventilation in the areas where solvents, aerosols, and chemical feeders are in use? _____
☒	☐	☐	Are bulk storage areas physically isolated from treatment areas to prevent spills from entering treated or untreated water? _____
☒	☐	☐	Is the fire department familiar with the facilities and their contents? _____

MANAGEMENT DATA

Yes	No	NA	
☒	☐	☐	Are there rules governing new hookups to protect the integrity of this water system? _____
☒	☐	☐	Are DEQ construction standards followed? _____
☒	☐	☐	Is the treatment plant being properly operated to prevent inadequately treated water from being sent to the distribution system? @ _____
☒	☐	☐	Does the system have arrangements in place to assure prompt supply and repair service? _____
☒	☐	☐	Does the system have a current operations and maintenance manual which describes all procedures, equipment, sampling schedules and inspection data? _____
☒	☐	☐	Is there a schedule for routine preventative maintenance for all facilities and equipment? _____
☒	☐	☐	Does the system (treatment plant, finished water storage) have security measures in place (fencing, locks, lighting, alarms, etc.)? Locks, Electronic Gates at WTP, Intrusion Alarms
☒	☐		Does the system have an emergency response plan (ERP) – system does not need to show the surveyor the ERP --that includes: @ _____
☒	☐		- Emergency contact phone numbers? _____
☒	☐		- Procedures to respond to a pressure loss/water outage? _____
☒	☐		- Procedures to respond to a water contamination incident? _____
☒	☐		- Is the ERP accessible to the operator on-site? _____
☒	☐		Is the system part of the state's WARN network? _____
☒	☐		Have you evaluated possible impacts to your system from extreme weather events? If yes, what was the outcome? NI
☐	☒		Are you interested in training on extreme weather events? _____
☐	☒		Have you evaluated your facilities to see if they are in the 100 and 500 year flood plains? _____ If yes, what was the outcome? _____

What percentage of the utility's power comes from your own renewable energy sources? 0

% wind: _____ % solar: _____ % hydro: _____

MONITORING AND RECORDS

Revised Total Coliform Rule (RTCR) monitoring (all systems)

Yes	No	
☒	☐	Does the operator know how to collect samples for total coliform analysis? (Review operator sampling procedure at time of survey to confirm) _____
☒	☐	Does the operator know what to do in the event of a total coliform "unsafe" result? _____ They will need to take 3 repeat samples under the RTCR utilizing the regular lab form: For an explanation go to the EPA Region 8 Drinking Water Online website (http://www.epa.gov/region8-waterops) - "click" on **Revised Total Coliform Rule (RTCR)** (under Regulations and Compliance) - "click" on **Tech Tip: TC+ Follow Up** (in green box) - Follow the 5 steps described in the Tech Tip for follow up sampling after a TC+ sample
☒	☐	Are extra bottles available in case of need for repeat coliform sampling? _____
☒	☐	Does the system have an RTCR sampling plan on file and available for the surveyor's review? _____
☒	☐	Ask the operator - Is the system following their RTCR sampling plan? If No, explain any difficulties _____

If subject to the Ground Water Rule (GWR), does the operator know: **NA** ☒

Yes	No	NA	
☐	☐	☐	Within 24 hours of being notified of a *routine coliform* positive sample result, they must collect one triggered source water sample for *every* routine coliform positive sample at each active ground water source (e.g., three routine coliform positive samples requires the operator to collect three source water samples from *each* ground water source)? _____
			They will need to submit:
☐	☐	☐	- Source water sample results utilizing the triggered Ground Water Source Sampling Form located on the Drinking Water Online site (http://www.epa.gov/region8-waterops)? _____
☐	☐	☐	Where to sample if they are required to sample all of their active ground water sources? _____
☐	☐	☐	Are extra bottles available in case of the need for GWR source sampling? _____

For Community and NTNC systems (including consecutives): **NA** ☐

Yes	No	NA	
☒	☐	☐	Is there a Disinfection Byproducts Rule Monitoring Plan on-site available for the surveyor's review? _____
☒	☐	☐	- Does the plan layout represent the current distribution system? _____
☐	☒	☐	In the last 5 years, has the distribution system been expanded to new service areas? - If Yes, please describe the expansion. _____
☒	☐	☐	Does the system have a Lead & Copper Tap Sample Site Plan on site and available for the surveyor's review? _____
☒	☐	☐	- Is it up to date? _____
☒	☐	☐	- Ask the operator - Is the system following their LCR Tap Sample Site Plan? If No, explain any difficulties _____

For All Systems:

Yes	No	NA	
☒	☐	☐	Does the operator know the location of each sample tap that represents the entry point(s) to the distribution system? (sample location for Nitrates, RADs, IOCs, SOCs and VOCs) _____ Include, in your photo document, a photo of each sample tap used by the operator to collect samples at the entry point(s) to the distribution system. Show in the photo or in the photo comments where the sample tap is located relative to other water system facilities that are identified on the system schematic.
☒	☐	☐	Does the operator know how to properly label samples taken from the entry point(s)? _____ Document the sample point code and sample point description for each entry point. The sample point code(s) and sample point description(s) are indicated on the system schematic with a star. This information is how compliance samples should be labeled and the lab's chain of custody completed. (e.g., Sample Point Code and Sample Point Description, such as SP01/Treatment Plant Sampling Point). _____
☒	☐	☐	Has the PWS completed the monitoring that is specified in the EPA-provided monitoring schedule so far for this calendar year? _____
☒	☐	☐	Are copies of all monitoring results filed and readily accessible? _____
☒	☐	☐	Is the operator familiar with the Drinking Water Online (http://www.epa.gov/region8-waterops) and Drinking Water Watch (https://sdwisr8.epa.gov/Region8DWW/JSP/loginForm.jsp) websites created for their benefit? _____

EPA Official Photographs
PWS #: WY5600045
System Name: City of Rawlins

Document Control Number: R8FQPTemplate-1000 R1
Date: 10/7/2020
Photographer: Lee Michalsky

Photo #: 1

Subject:
Atlantic Rim Intake (IN02)

Comments:

1

Photo #: 2

Subject:
Atlantic Rim Intake (IN02)

Comments:

2

Photo #: 3

Subject:
Peaking Intake Peaking Reservoir (IN05)

Comments:

3

Photo #: 4

Subject:
Peaking Intake Peaking Reservoir (IN05)

Comments:

4

Photo #: 5

Subject:
Sage & Beaver Creek Intake (IN04)

Comments:

5

Photo #: 6

Subject:
Sage & Beaver Creek Intake (IN04)

Comments:
Overflow measured at 12 inches and not screened, but all water is treated at surface water treatment plant.

.

6

Photo #: 7

Subject:
Sage & Beaver Creek Intake (IN04)

Comments:
Inside collection box. Photo taken from top access hatch.

7

Photo #: 8

Subject:
Sage Creek Spring Boxes (SPR01)

Comments:
Two intake boxes

8

Photo #: 9

Subject:
Sage Creek Spring Boxes
(SPR01)

Comments:

9

Photo #: 10

Subject:
Miller Hill Well #1 (WL01)

Comments:

10

Photo #: 11

Subject:
Miller Hill Well #2 (WL02)

Comments:
Vault access

11

Photo #: 12

Subject:
Miller Hill Well #2 (WL02)

Comments:
Raw water sample tap.

12

Photo #: 13

Subject:
Miller Hill Well #2 (WL02)

Comments:
ARV

13

Photo #: 14

Subject:
Miller Hill Well #2 (WL02)

Comments:
ARV pipe measured at 2 inches above concrete floor and no screening on end of pipe.

14

Photo #: 15

Subject:
Miller Hill Well #3 (WL03)

Comments:
Artesian well

15

Photo #: 16

Subject:
Miller Hill Well #3 (WL03)

Comments:
ARV

16

Photo #: 17

Subject:
Miller Hill Well #3 (WL03)

Comments:
ARV discharge pipe measured at 2 inches above concrete floor.

17

Photo #: 18

Subject:
Miller Hill Well #3 (WL03)

Comments:
Well vault sump pump.

18

Photo #: 19

Subject:
Nugget Well Field Booster Pump Station (PF02)

Comments:
Fire hydrant raw water tap.

19

Photo #: 20

Subject:
Nugget Well Field Booster Pump Station (PF02)

Comments:

20

Photo #: 21

Subject:
Thayer Booster Pump Station (PF01)

Comments:
Raw water booster pump station

21

Photo #: 22

Subject:
Thayer Booster Pump Station (PF01)

Comments:

22

Photo #: 23

Subject:
Thayer Storage Tank (100K; ST04)

Comments:
Raw water storage

23

Photo #: 24

Subject:
Treatment Plant (TP01) Raw Water Influent Meter.

Comments:

24

Photo #: 25

Subject:
Diatomaceous Earth (DE) Precoat and Body Coat Bulk Tanks.

Comments:

25

Photo #: 26

Subject:
DE Pre Coat Tank

Comments:
300 gallons precoat fed after backwash.

26

Photo #: 27

Subject:
DE Body Coat Tank

Comments:
After 2000 gallons pass through DE filters, body coat is added for 8 to 9 seconds.

27

Photo #: 28

Subject:
4 DE Filters

Comments:

28

Photo #: 29

Subject:
Sidewall and Top of Clearwell (ST06)

Comments:

29

Photo #: 30

Subject:
Clearwell (ST06) Access Hatch #1

Comments:
Hatch is bolted to the top of the clearwell. Hatch appears to form a tight seal and no openings were observed.

30

Photo #: 31

Subject:
Clearwell (ST06) Access Hatch #2

Comments:

31

Photo #: 32

Subject:
Clearwell (ST06) Overflow and Vent.

Comments:
Photo provided by system.

32

Photo #: 33

Subject:
Chlorine Room Entry Door.

Comments:

33

Photo #: 34

Subject:
Cylinders Online

Comments:

34

Photo #: 35

Subject:
Cylinders

Comments:
All cylinders in chlorine room are restrained.

35

Photo #: 36

Subject:
Farm Storage Tanks (15MG; ST01 and ST02)

Comments:
2 tanks 7.5 MG each

36

Photo #: 37

Subject:
Farm Storage West Tank (7.5MG; ST05)

Comments:
External vent cover.

37

Photo #: 38

Subject:
Farm Storage West Tank (7.5MG; ST05)

Comments:
External vent cover opened to expose air vent.

38

Photo #: 39

Subject:
Farm Storage West Tank (7.5MG; ST05)

Comments:
Shoebox lid lip measured 4 ½ inches above roof.

39

Photo #: 40

Subject:
Farm Storage West Tank (7.5MG; ST05)

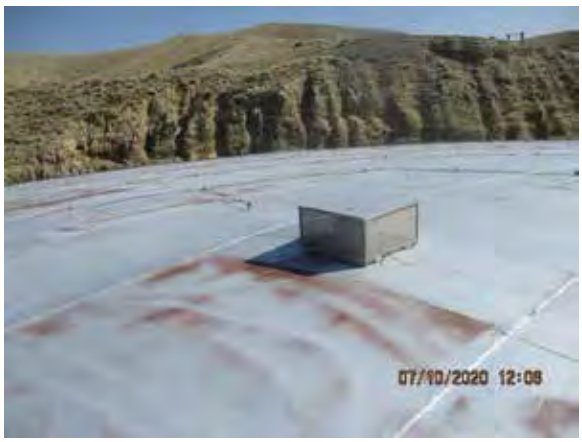
Comments:
Rubber gasket installed on lid that forms a tight seal when closed.

40

Photo #: 41

Subject:
Farm Storage East Tank (7.5MG; ST01)

Comments:
Vent



41

Photo #: 42

Subject:
Farm Storage East Tank (7.5MG; ST01)

Comments:
Hatch

42

Photo #: 43

Subject:
Farm Storage East Tank (7.5MG; ST01)

Comments:

43

Photo #: 44

Subject:
Farm Storage Tanks (15MG; ST01 and ST02)

Comments:
Overflow drain combo for East and West Tanks.

44

Photo #: 45

Subject:
Hospital Storage Tank (1MG; ST02)

Comments:

45

Photo #: 46

Subject:
Hospital Storage Tank (1MG; ST02)

Comments:
Height of hatch is 6 inches.

46

Photo #: 47

Subject:
Hospital Storage Tank (1MG; ST02)

Comments:
Gasket in place and forms a tight seal when closed.

47

Photo #: 48

Subject:
Hospital Storage Tank (1MG; ST02)

Comments:
Tin man shaped vent cover. Cover does not extend below screen. Height is 12 inches from the roof.

48

Photo #: 49

Subject:
Hospital Storage Tank (1MG; ST02)

Comments:
#24 mesh screen clamped on below tin man shaped vent cover.

49

Photo #: 50

Subject:
Hospital Storage Tank (1MG; ST02)

Comments:
Overflow

50

Photo #: 51

Subject:
Painted Hills Storage Tank (3MG; ST03)

Comments:

51

Photo #: 52

Subject:
Painted Hills Storage Tank (3MG; ST03)

Comments:

52

Photo #: 53

Subject:
Painted Hills Storage Tank (3MG; ST03)

Comments:
Access hatch gasket forms tight seal when closed and locked.

53

Photo #: 54

Subject:
Painted Hills Storage Tank (3MG; ST03)

Comments:
7" shoebox lip.

54

Photo #: 55

Subject:
Painted Hills Storage Tank (3MG; ST03)

Comments:
Height is 30.5 inches from the roof.

55

Photo #: 56

Subject:
Painted Hills Storage Tank (3MG; ST03)

Comments:
Grating larger than #24 mesh. This is a floating pallet type vent, the #24 mesh screen is all internal to the vent mechanism.

56

Photo #: 57

Subject:
Painted Hills Storage Tank (3MG; ST03)

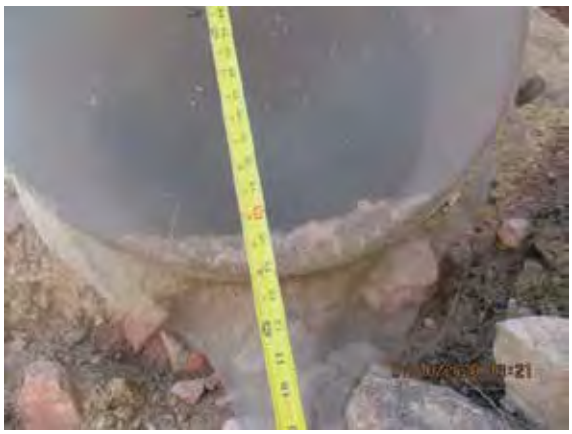
Comments:
Overflow

57

Photo #: 58

Subject:
Painted Hills Storage Tank (3MG; ST03)

Comments:
Overflow



58

Photo #: 59

Subject:
Painted Hills Storage Tank (3MG; ST03)

Comments:
Drain

59